

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
EMPLOYEE ASSISTANCE PROGRAM (EAP)
5400 S.W. 90th Avenue
Cooper City, FL 33328
TEL: 754-322-9900 FAX: 754-322-9918

EAP REFERRAL FORM

PLEASE PRINT OR TYPE

EMPLOYEE NAME _____ JOB TITLE _____

HOME ADDRESS _____

Street _____ City _____ Zip Code _____

CELL PHONE # _____ HOME PHONE # _____

SUPERVISOR NAME _____ SUPERVISOR JOB TITLE _____

SUPERVISOR PHONE _____ LOCATION _____

1. WORK PERFORMANCE: (Briefly state reason for referral)

Please attach any Memorandums, Evaluations, or Records of Counseling that may have been completed that are relevant to the work performance issues resulting in the referral to the EAP office. Also attach previous Evaluations, etc., for the prior year and forward these to the EAP office.

2. ABSENCES OTHER THAN WORKERS' COMPENSATION AND DISABILITY INCOME

(This includes legitimate absences from work):

	<u>this school year</u>	<u>prior school year</u>
(a) Number of Whole Days Sick Leave Used:	_____	_____
(b) Number of times less than one whole day of sick leave has been used:	_____	_____
(c) Number of Whole Days Personal Reasons Leave Used:	_____	_____
(d) Number of times less than one whole day of Personal Leave used:	_____	_____
(e) Number of Whole Days Absent Without Leave	_____	_____
(f) Number of times less than one whole day of absence without leave has occurred	_____	_____
(g) Are there any patterns of absences such as Mondays, day after Payday, etc.?	_____	_____

3. TARDINESS:

(a) Dates: _____ (b) Total Hours: _____

(c) Are there any patterns such as Mornings, or After Lunch? _____

Supervisor's Signature

Employee's Signature*

Date

Date

* The employee's physical and/or electronic signature signifies the employee acknowledges a referral to the EAP, has seen the completed Referral Form and does not imply agreement with the contents of the Form.

INSTRUCTIONS: Send the completed Referral Form to the EAP Office via fax at (754) 322-9918 or a sealed envelope stamped "confidential"; **do not send in an e-mail.** Make a copy for your own records and for the employee. In accordance with the laws of confidentiality, **this must not be part of an employee's personnel file.** No other copies should exist.